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Effective on 12/08/2004.							
rsuant to the	Consolidate	ed Appropri	ations Act, 2	2005 (H.R.	4818)		

Effective on 12/08/2004. See Jursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FFF TRANSMITTAL	Application Number	10/697,041-Conf. #8363		
FEE TRANSMITTAL	Filing Date	October 31, 2003		
	First Named Inventor	Hideaki IMURA		
For FY 2007	Examiner Name	A. Kim		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3714		
OTAL AMOUNT OF PAYMENT (\$) 620.00	Attorney Docket No.	SHO-0036		

For FY 2007			Examiner Name		. Kim	·	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3714		
TOTAL AMOUNT OF PAYMENT (\$) 620.00		Attorney Docket	No. S	SHO-0036			
METHOD OF PAYMENT (chec							-
Check Credit Card	Money Order	None	Other ((please identi	fy):		
X Deposit Account Deposit Accoun	t Number: 18-0013	eposit Acco	unt Name:	Rader,	Fishman & Gr	auer PLL0	<u> </u>
For the above-identified dep	posit account, the Di	irector is	hereby authorize	ed to: (chec	k all that apply)		
x Charge fee(s) indicate	ed below		Charg	e fee(s) ind	icated below, ex	cept for the	ne filing fee
X Charge any additiona fee(s) under 37 CFR	l fee(s) or underpay	ments of	x Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND			DOU FEEC		ATION CEES		
[FILING FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type Fee		Fee (\$)		Fee (\$)	Fee (\$)	Fees I	Paid (\$)
Utility 300		500	250	200	100		
Design 200		100	50	130	65 80		
Plant 200		300 500	150 250	160 600	300		
Reissue 300		300 0	250	000	0		
Provisional 200	100	U	U	U	U		Small Entity
2. EXCESS CLAIM FEES Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reis	ssues)					50	25
Each independent claim over 3 (inc	cluding Reissues)					200	100
Multiple dependent claims						360	180
Total Claims Extra Claims	Fee (\$)	Fee P	aid (\$)	_	itiple Depende		
HP = highest number of total claims paid t	x = for, if greater than 20.			<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Pald (\$	2)
Indep. Claims Extra Claims	Fee (\$)	Fee P	aid (\$)				
	x =						
HP = highest number of independent clair	ns paid for, if greater tha	n 3.					
3. APPLICATION SIZE FEE If the specification and drawings listings under 37 CFR 1.52(e)							0
sheets or fraction thereof. See					• •		
Total Sheets Extra She	ets Number of		iditional 50 or fra			<u>Fee</u>	Paid (\$)
4. OTHER FEE(S)			•	•		Fees	Paid (\$)
Non-English Specification \$1	30 fee (no small en	tity disco	unt)				
Other (e.g., late filing surpharge): 1251 Extension for response within first month 1401 Notice of appeal							20.00 00.00
SUBMITTED BY							
1 6 1 10			Redistration No.	20.244	T-1	(202) 05	E 2750

SUBMITTED BY			/				
Signature	ai	15	<u> </u>	Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type	Carl	Seha	ukowitch			Date	September 21, 2007